



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

FILE COPY

September 14, 2006

Helen Reynolds, Administrator
Autumn Haven II
264 Hilgren Ave
Hayden Laske, ID 83835

License #: RC-372

Dear Ms. Reynolds:

On July 12, 2006, a life safety code survey was conducted at Autumn Haven II. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Eric Mundell, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

ERIC MUNDELL
Team Leader
Health Facility Surveyor
Facility Fire, Life Safety, and Construction Program

EM/slc

c: Mark Grimes, Supervisor, Facility Fire, Life Safety, and Construction Program



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FILE COPY

July 26, 2006

Helen Reynolds, Administrator
Autumn Haven II
264 Hilgren Avenue
Hayden Lake, ID 83835

Dear Ms. Reynolds:

On July 12, 2006, a fire/life safety and sanitation survey was conducted at Autumn Haven II. The facility was found to be providing a safe environment for residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the Punch List, a copy of which was reviewed and left with you during the exit conference. The completed Punch List form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by **August 12, 2006**.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, BS, QRMP, MBA
Supervisor
Residential Community Care Program

JS/sm

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R372	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2006
NAME OF PROVIDER OR SUPPLIER AUTUMN HAVEN II		STREET ADDRESS, CITY, STATE, ZIP CODE 9886 REED RD HAYDEN LAKE, ID 83835		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R9999	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety standards of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on July 12, 2006. The surveyor conducting the survey was:</p> <p>Eric Mundell REHS Team Leader Health Facility Surveyor</p>	R9999		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Facility Name Autumn Haven II	Physical Address 9886 Reed Road	Phone Number 772 6160
Administrator Helen Reynolds	City Hayden	ZIP Code 83835
Survey Team Leader Eamund V	Survey Type FLS	Survey Date July 12, 2006

NON-CORE ISSUES

[illegible]

Response Required Date

Signature of Facility Representative

August 12, 2006

Signature of Facility Representative

X Helen K. Leopold